

Community Reinvestment Area Application

1. Agreement Information

2.

	POSED AGREEMENT for ty of Hilliard located in Fra	•	ment Area Tax Incentives between	
			al Name of Proposed Recipient	
a.	Name of property owner, home or main office address, contact person, and telephone number (attach additional pages if multiple enterprise participants).			
	Enterprise Name	Address		
	Contact Name	E-mail	Phone	
b.	Project site:		_	
	<u> </u>	Parcel Number	_	
	Enterprise Name	Address		
	Contact Name	E-mail	Phone	
Busin	ess/Enterprise Informati	on		
a.	Nature of commercial/incretail stores, or other) to be	• 1	cturing, warehousing, wholesale or	
b.	List primary 6-digit No	orth American Industry	Classification System (NAICS)	
c.	If a consolidation, what a the location, assets, and e	-	e consolidation? (must itemize be transferred:	
d.	Form of business or e other).	enterprise (corporation,	partnership, proprietorship, or	
e.	Name of principal owner	(s) or officers of the bus	siness.	

3.	Existing Employment Information				
	a.	a. State the enterprise's current employment level at the proposed project site:			
	b.	Will the project involve the relocation of employment positions or assets from one Ohio location to another? Yes No			
	c.	If yes, state the locations from which employment positions or assets will be relocated and the location to where the employment positions or assets will be located:			
	d.	State the enterprise's current employment level in Ohio (itemized for full and part-time and permanent and temporary employees):			
	e.	e. State the enterprise's current employment level for each facility to be affected by relocation of employment positions or assets:			
	f.	f. What is the projected impact of the relocation, detailing the number and type employees and/or assets to be relocated?			
4.	Project Information				
	a.	Project Description:			
	b.	Project will commence by, 20 and be completed by, 20 if a tax exemption is provided.			
	c.	Number of new employees to be created at the project site (job creation projection must be itemized by the name of the employer, full and part-time and permanent and temporary):			
	d.	State the time frame of this projected hiring: yrs.			
	e.	State proposed schedule for hiring: (Itemize by full and part-time and permanent and temporary employees)			

I.	Annual payroll from new employees: (Payroll must be itemized by full & part-time and permanent & temporary new employees).				
g.	Existing annual payroll relating to any job retention claim \$	ı resulting fron	n the project		
h.	An estimate of the amount to be invested by the enterprise to establish, expand renovate or occupy a facility:				
	 i. Acquisition of Land/Buildings: ii. Additions/New Construction: iii. Improvements to existing buildings: iv. Machinery & Equipment: v. Furniture & Fixtures: vi. Inventory: Total New Project Investment: 	\$ \$ \$ \$			
i.	Business requests the following tax exemption incentives: % for years				
j.	Business's reasons for requesting tax incentives (be possible)	quantitatively	specific as		
5. Does	(Is) the Property Owner, Enterprise or its Officers:				
a.	Owe any delinquent taxes to the State of Ohio or a politic	eal subdivision Yes	of the state?		
b.	Owe any moneys to the State or a state agency for the adm of any environmental laws of the State?	ninistration or Yes	enforcement No		
c.	c. Owe any other moneys to the State, a state agency or a political subdivision State that are past due, whether the amounts owed are being contested in a colaw or not? Yes No				
d.	Subject to any ongoing civil or criminal litigation?				
	, , , , , , , , , , , , , , , , , , , ,	Yes	No		

Submission of this application expressly authorizes the City of Hilliard to contact the Ohio Environmental Protection Agency to confirm statements contained within this application including item # 5 and to review applicable confidential records. As part of this application, the property owner may also be required to directly request from the Ohio Department of Taxation, or complete a waiver form allowing the Department of Taxation to release specific tax records to the local jurisdiction considering the request.

The Applicant agrees to supply additional information upon request. If approved by Hilliard City Council, the Applicant will be required to submit a non-refundable, \$750 application fee check made payable to: "Treasurer, State of Ohio".

The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C) (1) and 2921.13(D) (1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

Name of Property Owner	Date	
Signature	Typed Name and Title	

** Attach to Final Community Reinvestment Area Agreement as Exhibit A

Please note that copies of this proposal <u>must</u> be included in the finalized Community Reinvestment Area Agreement and be forwarded to the Ohio Department of Taxation and the Ohio Development Services Agency within fifteen (15) days of final approval.

Return Completed Applications to:

David Meadows
Economic Development Director
City of Hilliard
3800 Municipal Way
Hilliard, Ohio 43026
dmeadows@hilliardohio.gov

^{*} A copy of this proposal must be forwarded by the local governments to the affected Board of Education along with notice of the meeting date on which the local government will review the proposal. Notice must be given a minimum of fourteen (14) days prior to the scheduled meeting to permit the Board of Education to appear and/or comment before the legislative authorities considering the request.